

Board meeting minutes (Part 1)

9 March 2021

10:00 – 15:30

MS Teams meeting

Present	
Martin Thomas	Chair
Keith Edmonds	Non-Executive Director
Mike Pinkerton	Non-Executive Director
Charlotte Moar	Non-Executive Director
Nigel Trout	Non-Executive Director
Mike Durkin	Non-Executive Director (Associate Board Member)
Sam Everington	Non-Executive Director (Associate Board Member)
Helen Vernon	Chief Executive
Denise Chaffer	Director of Safety & Learning
Vicky Voller	Director of Advice and Appeals
Joanne Evans	Director of Finance & Corporate Planning
John Mead	Technical Claims Director (Associate Board Member)
In attendance	
Simon Hammond	Director of Claims Management
Ian Adams	Director of Membership and Stakeholder Engagement
Niamh McKenna	Chief Information Officer
Tinku Mitra	Head of Corporate & Information Governance
David Gurusinghe	Deputy Director, Policy, Strategy and Transformation
Julia Wellard	Executive Personal Assistant (Minutes)
Apologies	

1 Administrative matters

1.1 Chair's opening remarks and apologies

The Chair welcomed everyone to the meeting.

There were no apologies for absence.

1.2 Declaration of conflicts of interest of members

There were no conflicts of interest to note.

1.3 Minutes of Board Meeting held on 19th January 2021

The minutes of the Board meeting held on Tuesday 19th January 2021 were approved and signed by the Chair.

1.4 Review of actions from Board meetings

The actions from the last Board meeting were noted.

There were no actions to roll forward.

The following actions were closed:

- Managing concerns during the pandemic – Director of Advice and Appeals to circulate the publication from our website to Board members. This has been completed.

2 Operational items

2.1 Chief Executive's Report

White paper – NHS Reform

An update was provided on DHSC's legislative proposals for a Health and Care Bill 'Integration and innovation: working together to improve health and social care for all' which was published on 11 February 2021. A briefing has been arranged between the DHSC bill team, NHS Resolution Senior Management Team and a law firm to start to explore the implications of the proposals and produce a summary of issues with options to work through. This will be followed up with the relevant contact at NHS England and Improvement leading on the legislative side and linked in with the work the Director of Finance is taking forward on pricing.

National Patient Safety Board

The first meeting of the National Patient Safety Board (NPSB), co-chaired by the Minister for Mental Health, Suicide Prevention and Patient Safety, Nadine Dorries and the DHSC Director General for NHS Policy and Performance, Lee McDonough, took place on 11th February. The Board draws together work underway across a number of bodies in patient safety. The Chief Executive is a member of the Board and is also attending a working group considering the national patient safety strategy. Strep-B infection has been put forward by the Minister as a priority area. NHS Resolution has already undertaken work in this area to improve coding and raise awareness of the prevalence in compensation claims. Further work is being taken forward by a clinical fellow to analyse the claims in more detail.

Office Move

NHS Resolution vacated 151 Buckingham Palace Road offices on 26th February and moved to 10 South Colonnade, Canary Wharf. An initial video of the office has been circulated to staff to introduce them to the new workspace in the absence of the ability to visit currently due to COVID restrictions.

The Board thanked the CIO and IT and Facilities team who have delivered the move, and to the Director of Advice and Appeals, as the sponsor of the project.

The Board noted the Chief Executive's Report.

2.2 Performance Review

The performance review detailing financial performance and key performance indicators for the period under review was presented. The data which support the measurement of our performance in relation to claims management are commercially sensitive and disclosure could adversely impact our ability to manage claims effectively. Consequently, whilst claims activity is reported in Part 1, claims KPIs are reported and monitored in the Part 2 private Board session.

Finance

Indemnity scheme budgets, including PIDR but excluding General Practice Indemnity schemes and CNSC, were underspent against budget by £314m as at end of January 2021. DHSC are being kept closely informed of the likely out-turn position.

Claims

Board members commented on the breadth of information provided in the report which could be enhanced by bringing together the individual elements into a narrative on the totality. The performance reports as a whole are being reviewed and reformatted with more insight and comparative data showing longer term trends.

Practitioner Performance Advice

It was noted that the case advice service has seen an increase in the number of new requests over December 2020 and January and February 2021 compared to the previous year which relates to the impact of COVID.

The Advice team are working with the BI team on an analysis of the characteristics of practitioners who have been the subject of Advice cases and concerns over the last five years. Analysis shows that between 2007 to 2013 and 2015 to 2020 there has been a 10% reduction in clinical concerns and a similar increase in behavioural/misconduct concerns. The Advice team have begun discussions with the GMC, HEE and NHS Employers on what this means. There is a role for us in the education space by putting forward interventions i.e. how discussions about behavioural concerns are held.

Research has been commissioned to drill down into our behavioural assessment data. The hypothesis of the shift from clinical concerns to behavioural concerns is that people were more confident of being able to describe clinical concerns and look at performance. We have now moved more upstream and provided people with the language to describe why safe behaviour in a team is important. However, dealing with behavioural issues is more complex than dealing with clinical issues. The shift in the system shows us what people are capable of dealing with locally but does provide greater complexity with our casework.

It was commented that the difficulties dealing with concerns are that issues have been going on for a long time before they are reported to the Advice service. When looking at maternity, we should look at the preventative agenda of what needs to change within the system in order to solve the problem. A consistent theme is around team working and in particular the relationships in teams between midwives and obstetricians which is relevant to clinical negligence costs. Another element is the influence of human factors and ergonomics around how we work as individuals and are then moved into

team working without any understanding of how to improve the performance of a team through appropriate ergonomic approaches. This has improved over the last five years with key work being taken forward in Canada and Sweden through the ability to use appropriate methodologies to improve the behaviour and culture within a high risk setting. The work that the Advice service has identified is clear on what the system needs.

Team reviews have been piloted as an intervention for a year and we have identified that there is a gap of provisions specifically for the Advice service for maternity teams. We are considering with DHSC whether Advice can assist here.

External Impact

Safety and Learning

It was noted that the dates for thematic reviews have not been included because of the impact of the pandemic. The emergency care reports and the CNSGP year one report are currently being finalised. Keith Edmonds was thanked for providing support in reviewing the maternity thematic review. The NEDs were asked to contact the Director of Safety and Learning if they were able to provide support to the production of the thematic reviews.

Membership and Stakeholder Engagement (MSE)

It was noted that the MSE team is undertaking a formal operating review to ensure it is fit for purpose to meet the needs of the organisation both now and in the future. In terms of timing being aligned with the new five year strategy, the review will pre-empt what is needed for the strategy by looking at our operational processes and efficiencies and triangulating resource to deliver the strategy alongside business as usual activity.

The approach being taken to the review is to maximise the opportunities through co-creation initially with staff but there will also be engagement with external stakeholders around how they are structured and what digital technologies they use to engage with their stakeholders. We are also working with our members to understand how best they want us to engage with them. In particular, a GP Standing Group was set up a year ago which includes a number of GP stakeholders which has helped us to understand how best to communicate with them.

The review has been discussed with the Senior Management Team and is included in the business process which has been extended into the first quarter of next year. The parameters of what the review is trying to achieve in terms of external outreach are important as it will identify what our platform is in order to progress forward, particularly as we move into the new strategy development. The review is necessary as the platform has already shifted, particularly where we have held events in person which have not been as far reaching as the events which are held digitally. It is likely that going forward there will be a mixed economy where we will be doing more digitally although there will still be a place for the 'in person' events. The outputs of the review will feed into the strategy review around how people want to engage with us and ensure that we are set up for this to happen.

The Board noted the performance reports for the Finance, Claims, Practitioner Performance Advice, Safety and Learning, Early Notification and Primary Care Appeals functions.

3 Management proposals requiring Board input or approval

3.1 There were no items to consider.

4 Liaison with Key Stakeholders

4.1 There were no items to consider.

5 Key Developments

5.1 There were no items to consider.

6 Oversight of Key Projects

6.1 There were no items to consider.

7 Board Committee Reports and Minutes

7.1 *ARC minutes of meeting held on 14th October 2020*

The minutes of the ARC meeting held on 14th October 2020 were noted by the Board.

7.2 *ARC Terms of Reference*

The ARC Terms of Reference have been reviewed to ensure they are fit for purpose and reflect the role of the ARC and its relationship with the Board. ARC confirmed the current Terms of Reference were fit for purpose at its meeting on 16 February 2021.

The Board approved the Terms of Reference.

8 Other matters requiring Board attention

There were no items to consider.

9 Any Other Business

9.1 There was no other business.

10 Date and Venue for next meeting

10.1 The next Board meeting is scheduled for Tuesday 18th May 2021 at 10.00am, the location to be kept under review and if necessary this will be a virtual meeting.

Signed

Date